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Quinine Compound and Strychnine.	
Quinine, Iron and Nux Vomica.	
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Phosphorus, Quinine, Iron and Strychnine.	d
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These pills, when cut, exhibit, in a marked manner, the distinctive color, taste and odor of the freshly made extract. We copy from the U. S. Disp. the following: "In morbid states of the system, it (Ext. Cannab. Indic.) has been found to cause sleep, to allay spasms, to compose nervous inquietude and to relieve pain; it differs from opium in not diminishing the appetite, checking the secretions, or constipating the bowels. It has been specially recommended in neuralgia, gout, rheumatism, tetanus, convulsions, hysteria, mental depression and delirium tremens."

Coca Extract, 1 gr.

Our Solid Extract is made from freshly imported leaves. As the leaves become almost inert with age, a preparation of this nature is necessary to enable the Physician to judge correctly of the value of this remedy. Coca Erythroxylin is a South American plant, used by the natives as a substitute for tea, coffee, tobacco, hashish and opium of other countries. It imparts vigor to the muscles as well as to the intellect, and enables the partaker to endure great fatigue with ease. Its medicinal value requires further study.

Colocyath Compound Extract, 3 grs.

Of the U. S. Pharmacopœia.

Damiaana Extract, 3 grs.

We have added these pills to our list at the request of Physicians who desire to test this drug, which is reputed to be a powerful aphrodisiac.

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We manufacture our Ergotin with great care from the best quality of fresh, selected Ergot, and it contains in the most potent form all the active constituents of Ergot of Rye. The value of Ergotin, in the place of the crude drug and the Fluid Preparations, is conceded; and it is being largely administered both in this country and in Europe. It has taken a prominent place in the treatment of Neurotic diseases. Many of our most reliable practitioners, and particularly those of extended experience in Gynecology, assert that they have never found a preparation of Ergot, in which they felt as much confidence as in McKesson & Robbins' Ergotin Pills.

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Iron, Citrate and Strychnine.

Iron, Dialysed, 2 grs.

Iron, Ferrocyanide, 3 grs.

Iron, Iodide, 1 gr.

Iron, Iodide and Sul. Quinine.

Iron, Lactate, 1 gr.

Iron, Phosphate and Strychnine.

Iron, Phosphates, Quinine and Strychnine.

Iron, Phosphorus and Aloes.

Iron, Phosphorus and Nux Vomica.

Iron, Phosphorus and Quinine.

Iron, Phosphorus, Quinine, and Nux Vomica.

Iron, Phosphorus, Quinine, and Strychnine.

Iron, Proto-Carb., (Vallet's), 3 and 5 grs.

Iron, Quinine and Arsenic.

Iron, Quinine and Nux Vomica.

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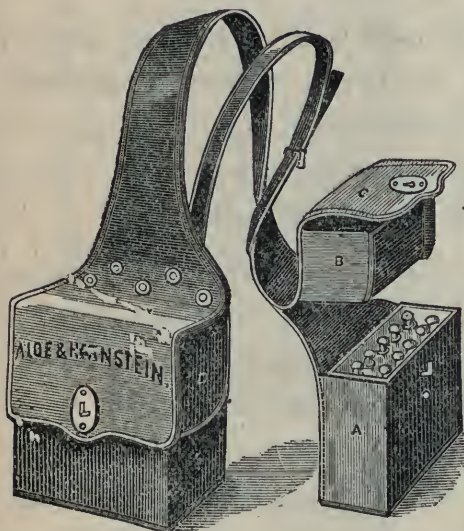
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WHOLESALE DRUGGISTS,
ST. LOUIS, MO.

OFFICE OF

TROMMER EXTRACT OF MALT CO.,

FREMONT, OHIO.

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The difficulties attending the manufacture of Extract of Malt in large quantities, can be overcome only by that kind of skill which is acquired by experience. Its constituents must receive no injury by the process, and good flavor and keeping quality, adapting it to all climates, must characterize the product. All are familiar with the striking difference between certain celebrated brands of ale and porter—and yet the poorest as well as the best, is, or should be, produced from barley malt and hops. Success greatly depends, of course, upon the employment of none but the best material; but it is by the use of specific and long-tried procedures that results are obtained which are so difficult to rival.

We do ourselves but simple justice, in stating that our *entire attention* is, and for many years has been, *exclusively* devoted to the manufacture of Extract of Malt for medicinal purposes, and that we give our undivided personal attention to each step in the delicate process by which Extract of Malt of excellent quality can alone be made.

Under these circumstances, it is unreasonable to suppose that the various manufacturers of fluid extracts, elixirs, pills, &c., who (attracted by the high reputation of our Extract of Malt), have recently, in various sections of the country, undertaken the manufacture of a similar article, should generally succeed in producing it of a quality according with the fulsome praise with which their advertisements are filled. While being perfectly willing to let the reputation of our Extract of Malt rest upon its real merits, we owe it to the medical profession, as well as to ourselves, to give warning against imposition.

It has come to our knowledge that certain articles extensively advertised as “pure” and “genuine extract of malt,” are composed chiefly of the substance called GRAPE SUGAR or MALTINE, which, as is well known, is the product of the action of sulphuric acid upon starch subjected to a high temperature. This artificial grape sugar or glucose which is extensively manufactured from corn starch, is now being used in immense quantities, instead of ordinary cane sugar, in the sophistication of confectionery, sugar-

house syrup, “strained honey,” native wines, and canned fruits, and by some brewers in the manufacture of beer and ale. The cheapness of this artificial product of Indian corn, constitutes the chief inducement for this species of substitution for barley malt and cane sugar.

Again, an extract of malted grain is manufactured for the purpose of obtaining *diastase*, which, (simple and variously combined) is much used in medicine. The appearance of the extract is but slightly changed by being deprived of this important constituent, although, it is unnecessary to add, that its value as a medicinal agent is thereby greatly impaired. Nevertheless, this very substance, which is little more than refuse material, in the manufacture of *diastase*, is now being offered for pure malt extract.

It is *malt extract* prepared from Barley malt combined with the proper proportion of Hops, that has been for many years the standard medicinal-nutritive employed by the medical faculty of Europe, and especially of Germany. Its value has been established by experience, and its use in the treatment of almost all forms of disease of nutrition is constantly extending. We shall continue to devote the most scrupulous attention to the maintenance of the reputation of our malt extract, by the careful selection of material and by unwearied personal attention to manufacturing details.

Attention is respectfully directed to the accompanying extract from Ziemssen, and also to our circular and testimonials elsewhere printed.

Very Respectfully,

TROMMER EXTRACT OF MALT CO.

From Ziemssen's Cyclopædia of the Practice of Medicine, Vol. XVI, page 474:

“The Malt Extract prepared from Trommer's receipt is designed to fulfill much the same purpose as Cod-liver oil, carbo-hydrates (malt-sugar, dextrin,) taking the place of fatty matter. The simple (much or little hopped) and the Chalybeate form of Malt Extract are coming more and more into favor as substitutes for the oil; they are more palatable and more easily digested, and should, therefore, be preferred in the dyspeptic forms of anæmia. During the last few years Malt Extract has almost entirely taken the place of Cod Liver Oil in the treatment of phthisis, and other wasting diseases at the Basle hospital, and we have as yet found no reason for returning to the use of the latter remedy. The Extract may be given from one to three times a day in doses varying from a teaspoonful to a tablespoonful in milk, broth, beer, or wine.”

ST. LOUIS CLINICAL RECORD.

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NO. 12.

Original Communications.

MEMORABILIA.

BY LOUIS BAUER, M. D., M. R. C. S., ENG., ETC.

X.

A Case of Penetrating Wound of the Knee-joint—Suppuration of the Articular Surface—Civil Practice Versus Military Surgery—Rescue of an Extremity from Impending Amputation—Discussion of Surgical and Ethical Principles.

In the beginning of September, 1874, Mr. Thomas Kirgin injured himself with a sharp and pointed tool. The wound was nearly an inch in length, parallel with the axis of the limb, a short distance from the inner border of the patella, and bled very profusely. Being in the country, a neighboring physician was called in who was more concerned with arresting the hemorrhage than with the extent of the wound; he imagined, however, that the joint had not been compromised.

On his return home Mr. K. placed himself under the charge of Dr. Sylvester L. N. If I am correctly informed, the Doctor emphatically confirmed the opinion of the first physician, adding that there was no cause for any alarm, and that he had no doubt of a speedy recovery.

For several days the wound seemed to do right well under the treatment adopted, but for the hemorrhage which occurred repeatedly, and at last induced the doctor to

attempt the ligation of the bleeding vessel, evidently one of the articular arteries. In this operation he (Dr. N.) was assisted by two professional relations. The patient was brought under chloroform and the wound enlarged, but the vessel could not be found. Whilst engaged in this procedure, the Doctor accidentally came upon a considerable depot of matter. Then the connection of the wound with the joint was recognized, and the gravity of the injury fully appreciated. This operation lasted more than one and one-half hours.

As soon as the patient had recovered from the prolonged anæsthesia, he was made acquainted with the necessity of speedy amputation as the only measure which could preserve his life.

The sudden transition from assured hope to utter despair may readily be imagined, and it was but natural that both the patient and his friends insisted upon further counsel. The first choice fell upon Dr. John T. Hodgen, who promptly responded, and after a careful investigation gave it as his opinion that, "The limb should be preserved; but if it was to come off, now was the best time." The Oracle of Delphi or the Roman Augurs never gave a more enigmatical and sagacious reply. I am not surprised that the patient and his friends were completely puzzled as to its exact meaning, when Dr. N. misconstrued the same into an assent to amputation. "To my thinking," Dr. Hodgen's opinion was quite plain, and clearly advised conservative surgery in the first part of his sententious reply; the following was but a goodly

dose of "soothing-syrup" to the attendant, for the purpose of obviating a direct clashing of opinion.

Before, and at this juncture, I had been repeatedly called upon by Mr. K.'s friends to visit the patient in order to have my opinion of the case for their special satisfaction. I rejected the allurements, not out of respect for the redoubtable Code of Ethics of the American Medical Association, but out of common honesty and self-respect. On the 21st of the same month, however, I was sent for by the patient himself, with the understanding that I should meet Dr. N. in consultation. I responded the more readily to the call, since I was personally acquainted and on good social terms with that gentleman. We met in the afternoon at the residence of the patient. The latter was in bed, the picture of both corporeal and mental suffering. Notwithstanding that a high (probably pyæmic) fever prevailed, he looked rather pale from the frequent losses of blood; the affected limb *was drawn up to an angle of about forty-five degrees at hip and knee*; the latter was considerably swollen, discolored, hot and excessively painful on both motion and touch. The articulation had lost its normal contours. At the inside and about an inch from the knee-pan there was a wound of about one and one-half inches in length with swollen and turned out, œdematous margins. A copious sero-purulent discharge issued from the wound. The strong alkaline reaction and the soapy feeling indicated clearly that the source of the discharge was in the articular lining; probing was thus rendered superfluous. The diagnosis was consequently clear, and the dangerous character of the injury fully appreciated.

On retiring from the sick-room, we at once had to face the question of what was the most suitable treatment to be henceforth adopted. Without waiting for my suggestions, the Doctor stated it as his irrevocable opinion that the patient had

no chance for recovery except by prompt amputation, and continuing, he said "Delay can but render the prognosis more dubious;" he had learned that from his vast experience.

This categorical and sententious remark placed me clearly in a most painful dilemma: either to betray the trust reposed in me by the patient and his friends, or to offend Dr. N. by my dissent. For a moment I seriously contemplated withdrawing from the case and rid myself of the embarrassing alternative. But remembering the lofty advice of the venerable Hufeland: "In desperate cases venture everything, even thy reputation," I decided to fulfill my duty with as much civility and professional courtesy as my position would permit. Ignoring the evidently irritable mood of the Doctor, I calmly asked him for the source and the extent of his personal experience with which he fortified his opinion. With refreshing condescension, he pointed to the battle-field.

This answer afforded me a suitable opportunity to compare the different circumstances under which private and military practice are placed, and which naturally govern the action of the surgeon. I will try to be as graphic as my remembrance will allow in stating the consultation in full for the double object of expounding the surgical principles which are called into operation, and the ethics that were observed in our conference:

1. I coincided in the great responsibility of the case, and allowed no delusion to prevail as to its danger.

2. Dr. N. insisted upon amputation, as already stated, against which I urged that, according to statistics, amputation of the thigh was a measure by no means so safe as to insure the life of the patient. The loss of limb, at best, was a fearful mutilation, more especially for a mechanic. As long as there was any hope of preserving life and limb by *other* means, these should be adopted.

3. There was no hurry about amputating; the patient was comparatively young (thirty-two years), of apparently good constitution; surrounded by all the means and comforts which a large city could furnish, and able to purchase all the requirements in his situation.

4. The ancient fear of penetrating wounds of joints had been considerably diminished with the improvement of surgical treatment.

5. Proper position and absolute immobilization of the injured extremity had achieved notable recoveries under almost hopeless circumstances, instances of which I had contributed to the *St. Louis Medical and Surgical Journal*,* to which I could refer with satisfaction as my own experience.

6. That the only suitable treatment, by position and immobilization, had not been tried, as yet, much to the patient's disadvantage. Moreover, although the drainage of the joint was tolerably free, a *counter-opening* would be commendable to render it still more so.

7. I proposed to try this treatment first, and if it should fail, amputation might then be resorted to as the *ultima ratio chirurgorum* under more promising circumstances than those then existent.

8. As to military surgery, I reminded Dr. N. that what might be proper and commendable on the battle-field for the surgeon to do, would be susceptible of amendment and change in civil practice. Thus, incised wounds are met with only exceptionally, whereas, lacerations, injuries to the bones, foreign bodies, etc., usually complicate the wounds of the soldier. Again, the latter, when wounded, is far from a comfortable shelter where his necessities may be attended to; he has to pass in jarring vehicles over rough roads in order, perhaps, to be crowded into an improvised hospital with all the dangers of infection from vitiated air and unclean dressings. Even the surgeons, however dutiful and well-informed they might be, have but rarely all the means

at their command to fulfill their part in the management of their respective cases. In our case none of these difficulties were to be encountered, and our patient was, withal, in a better condition to endure a prolonged suppuration than most soldiers, who are ill prepared, by fear and excitement, by all sorts of irregularities and privations inseparable from military life, for a similar ordeal.

But all these arguments failed to change the Doctor's opinion, to which I could not accede with self-respect and honor. Without, therefore, coming to any agreement, we reentered the sick-room, when the Doctor informed the patient that we had totally failed to come to any understanding in regard to his case. In the act of leaving the room I heard Dr. N. commence to misrepresent the position that I had taken in the premises, probably without intending to do so, and this induced me to stay and correct him.

In substance the Doctor said: "Dr. Bauer differs from me (correct), he thinks that he can save your limb," whereas, I had only suggested the possibility of doing so by means very different from those before employed. Next he *suggested* that Dr. Gregory should now be called in, and after the patient had listened to that gentleman's decision, he might then choose for himself the course to be pursued; a suggestion which had not been touched upon in our consultation. I must confess that this action on the part of Dr. N. filled me with surprise both as in contradiction with our conference and equally contradictory to the true interests of the patient. And whilst I took occasion to rectify this statement so far as my opinion was concerned, I entered my protest against further delay of the only treatment that offered any hope of saving the limb. To this end, I remarked, that I should certainly object to wait twelve or sixteen hours for another counsellor to arrive, and still more to leaving the final decision to the patient, which a surgeon

* Vol. VII, New Series, 1870.

could not decide if in a similar predicament.

If I, on this occasion, overstepped the limits customarily observed by counsellors, Dr. N. has himself to thank for it, by his misrepresentations.

Dr. N., having threatened to leave the case unless he was permitted to proceed as he thought best, rendered a compromise entirely out of the question. Then the patient adopted the very suggestion of the Doctor, to decide for himself, for he charged me with the management of his case. I declined, requesting him to retain Dr. N., with whom I would gladly coöperate whenever he should be desirous of my assistance; but all this to no purpose. His refusal to admit my plan of treatment, even temporarily, for trial, was peremptory and final. Thus I felt in honor and duty bound to accept the responsibility.

With the able assistance of Dr. Julius Fabricius, now of Mascoutah, Illinois, I proceeded forthwith to place the patient under the influence of chloroform. Thereupon I enlarged the wound, made another outlet from the joint on the opposite side, and then reduced the flexed position to an extended one. In this position, I immobilized the extremity and secured the absolute rest of the joint by a plaster-of-Paris bandage, leaving of course a window for the escape of matter. Dr. N. remained in the room during this procedure and heard from the patient's own lips that he felt already relieved fifty per cent.

In order to leave nothing untried, I made another vain attempt to persuade the Doctor to share with me in the responsibility. He left in high dudgeon, not before, however, saying to some persons that "This d—d Dutch quack would kill Mr. K." The vocabulary of abuse was by no means exhausted by that felicitous epithet. But I do not choose to probe it any further. I need not to affirm that I have unexceptionable evidence for every one of my statements. For a week thereafter he called

daily upon the housekeeper to ascertain what had become of the patient; but always receiving good reports, he discontinued his further attentions. Thus I remained, and I can truly affirm with great reluctance, master of the field and solely responsible for it.

The balance of the case may now be briefly stated: The patient continued to improve; the local irritation gradually subsided under narcotic fomentation with oil silk cover; the fever abated after a few doses of quinine and by good food and a fair allowance of wine, milk punch, etc., he rapidly regained his lost strength.

A few days after the forcible extension of the injured limb, the articular artery commenced spouting again quite lively, but the bleeding was *easily* and *permanently* arrested by acupressure.

When the patient at last got up from his sick-bed, it was with a firm ankylosis, still with a useful extremity, by which he is now enabled to follow his business as a master bricklayer and contractor.

I have allowed the record of the case to lay on the shelf for several years, that no feeling might interfere in giving to it an unbecoming coloring. In now publishing the facts, I do so partly with a view of adding to the stock of surgical knowledge. The like cases have not unfrequently come under my observation, and with the exception of a single one (at the City Hospital), I have succeeded in carrying them all safely through by the same simple mode of treatment here delineated. In this I have more implicit confidence than I venture to express, for fear of being suspected of superlativeness or infatuation. I have, however, no hesitation in recommending it to the younger readers of the CLINICAL RECORD with the injunction not to lose any time in probing wounds in the neighborhood of joints, but, at all events, to bring the extremity into a proper position and likewise to restrain its motion. This will favor the union of the wound and if it does not en-

tirely prevent suppuration, at least limit the same, whether or not the joint be implicated. If the wound is but a small one, involving the articulation, it should be promptly enlarged to insure free drainage of the articular cavity and ready exit of pus.

Before concluding, I have yet a few remarks to offer for the benefit of "whom it may concern."

In Abernethy's works may be found an aphorism well worth retaining: "Medical science is a republic, one and indivisible by landmarks, nationality or language. And he is the good citizen of that republic who has merited well for its advancement."

The Arabs have a wise proverb: "Curses are like young chickens, and still come home to roost."

The title, "Dutchman," when meant for a German, is but a slang, and at the same time betrays defective knowledge in anthropology and geography.

Any one at all familiar with the history of the German race, and particularly with its achievements in the science and art of medicine, will readily understand why a descendant of that stock may be justly proud of his inherited nationality. English literature would indeed be greatly impoverished if all translations of German works were withdrawn.

When an alleged "quack" succeeded in saving a limb and securing an artery, what honor or title deserves he who failed in both?

I may have my own ideas about consultations, but I have also my own reasons for them: When a practitioner asks my advice, I give it with pleasure and without reservation, and he can do with it what he pleases; but when the *patient* engages and pays me for my services, I owe him fair and honest returns for his money; then my duty to the patient comes first and courtesy to the attendant afterwards. These principles have guided me through many years of an eventful professional life and I have yet to learn that

they are erroneous. Of course I concede with pleasure the same privileges to my medical brethren in their relations to me, and even more freedom of action if consonant with their views.

519 Pine street, St. Louis.

Clinical Reports.

EMBRYOTOMY.

BY E. A. de CAILHOL, M. D.

In the middle of the night, Nov. 28, last, I was called in consultation to a case of dystocia. Patient twenty-eight years of age, tolerably healthy, second child, in labor for thirty hours and nearly exhausted. Pelvis normal, os properly dilated, no rigidity of any of the sexual organs.

After examination, I saw that I had to deal with a case of shoulder presentation.

I learned that the liquor amnii had escaped twenty-four hours before, and that by mistake the attending midwife had prescribed large doses of fluid extract of ergot.

The uterus was in a state of tetanic contraction and the child was dead.

A young physician called in before me, having no instruments, advised them to call me in. We concluded that embryotomy was now the only thing to be done for the safety of the mother.

Having brought my obstetrical instruments along, I immediately proceeded to make the section of the child from the right clavicle to the left ribs, which was done in one minute after Pajot's process.

The operation was so simple and so quickly done that my young colleague was astonished, having never heard about this process; he requested me, for the benefit of the profession at large, to publish the case, being under the impression that this method of proceeding was practically unknown in America. Hence the present report.

Professor Pajot, impressed with the idea that in cases similar to the one above men-

tioned, young and awkward practitioners might, possibly, with the embryotomy scissors, injure the maternal parts, concluded to improve and simplify the operation by using a new and harmless embryotome of his own. This is made like an ordinary male catheter, with the difference that the opening ought to be at the extremity instead of on the side. Inside this kind of a catheter a strong whip-cord is introduced having at one end a perforated, metallic olive-shaped cap, to fit the end of the catheter.

The instrument being well lubricated, the operator will introduce it into the uterus behind and under the arm of the fœtus, after that he has to turn and present the end of the embryotome alongside the neck of the child. When in the desired position, he lets go the twine wrapped around the handle of the instrument, and by its proper weight the olive-shaped cap falls in front under the pubic arch, then, with the help of the dressing forceps he searches for it, and having picked it up, he draws the twine; having in his hands the two ends, passes them through a plain glass speculum that an assistant holds in position in order that the twine shall not hurt or cut the maternal parts, and then commences the sawing, which is done in a very short time. The removal of the sections of the fœtus is afterwards a very easy matter.

A simple obstetrical crochet on the back of which a groove has been carved, or a male catheter of which the end has been filed and capped with a simple rubber ball, would also exactly answer the purpose.

In case any practitioner would like to examine my Pajot's embryotome, I will show it and give all explanations with pleasure, which the limits of this article do not allow me.

Embryotomy, by this simple process, has four different marked advantages, viz :

1. The possibility of easily obtaining the proper instruments.
2. The extreme facility of its application.
3. The safety of the mother.
4. The rapidity of the operation.

2613 South Seventh street, St. Louis.

Correspondence.

NO CURE, NO PAY.

He who employs his honest skill
To cure the miser who falls ill,
Upon the plan, "no cure, no pay,"
Will find, but at the latter end,
The patient never did intend
A dime of his should find its way
Into the doctor's purse: But what
He really meant was this—with not
A dread of what occurs below—
Prescribed of old in Holy Writ
To every impious hypoerite:
No cure, no pay, is no cure, cure or no!
T. F. BLAKE, M. D.

St. Louis, Feb. 1879.

Editor Record:

By referring to your journal of some months past, you will find my report of a case of psoriasis, of twenty years' standing, thought to be cured by topical use of crysophanic acid. I take great pleasure in stating to yourself and readers, who may call to mind or refer to the case, that I saw Mr. T. a few days ago, and, after close examination, found no vestiges of the disease upon any former site or other part of his body.

With respect,

E. J. BEALL, M. D.

FORT WORTH, Texas.

Translations.

(Translated for the Clinical Record.)

THE RUSSIAN EPIDEMIC AND THE PLAGUE—CHARACTER OF THE DISEASE—SANITARY PRECAUTIONS.—(*Jour. de méd. et de Chir. pratiques*, février, 1879.) It may appear rather singular that it is impossible to ascertain the exact nature of an epidemic existing in Europe. The government of Astrakhan, in Russia, is the scene of a grave epidemic and we are unable to learn what it is. We do know, vaguely, that the patients have sharp pains in the head, great prostration and engorgements of the glands, that the disease runs its course in from one

to three days and that it almost always terminates in death.

The *British Med. Journal* gives the fullest details of the subject; from it we learn that the disease has already reached Nijni-Novgorod.* It is not known whether it is an epidemic of exanthematous typhus or really the plague.

This disease appears to have broken out after the arrival of two regiments of Cossacks from the theatre of war. [From south of the Caspian sea.—TRANS] At first, it attracted but little attention, but the mortality being very great, the inhabitants of Astrakhan, panic stricken, fled in every direction and carried the disease with them. At present the surface over which it has extended is considerable. In view of the distress occasioned by the last war it threatens to become still further extended, in spite of recent sanitary measures and regularly organized quarantine.

The mortality is enormous, said to be from eighty-four to ninety per cent. of those attacked. [From the Bulletin of the Public Health we learn that it has even reached one hundred per cent.—TRANS.] This has contributed to strengthen the opinion of many observers that it is in reality the plague and not typhus with which we have to deal.

According to the official dispatches the disease is decreasing, while correspondents affirm that it is extending. At all events, great efforts are being made by the Russian government to render healthy the centers of contagion, to arrest the invading progress of the disease and to succor the affected population.

Several of the political journals have published very interesting correspondence from Russia upon the subject. The *Temps* contains almost entire the sanitary report of Dr. Doppner, physician in chief of the Cossack troupes in Astrakhan. According

to this observer, there were two distinct diseases at Vetlianka, the first center of the epidemic. The first was characterized by fever, ganglionic enlargements (or buboes) and recovery. But since the last of November, a new disease has shown itself. This is characterized by pains in the head, pains in all the limbs, rigors, a burning fever, tympanites, and considerable prostration. Delirium and considerable elevation of temperature, 42° C. ($= 107\frac{1}{2}^{\circ}$ F.), mark the paroxysms of the fever, and after two or three of these paroxysms death regularly occurs.

About December 10, the violent character of the disease become more marked; vomiting, dazing, oppression, spitting of blood, extreme prostration, violent heat and delirium began the scene. Spots were soon observed upon the body and death supervened with great rapidity.

M. Doppner concludes, from his observations, that it was either a peculiar form of typhus, or a very special form of the plague.

Vetlianka, a station or colony of Cossacks, is a village of seventeen hundred inhabitants. The houses are of wood and the sanitary conditions are bad enough.

For some days the disease appeared to decline somewhat. Quinine in high doses, and carbolic acid locally, seemed to give good results.

Some days later, the epidemic revived with unheard of violence, and all remedies were without effect.

M. Doppner returning to Vetlianka, saw successively succumb to the disease, the physician to the station, Dr. Koch, and six of his assistants, the priest, and the Cossacks who buried the corpses—in a word, all those who approach the affected persons. He, himself, soon fell sick.

This disease, that the majority of writers liken to the plague, may have been brought directly from the permanent center of the plague to the south of the Caspian sea. This event was predicted by our country-

* One well-authenticated case has appeared in St. Petersburg. So states Dr. Batkin, physician to the Czar.—TRANSLATOR.

man, M. Tholozan, and, according to the *Br. Med. Journal*, by Netten Radcliffe and Dr. Augustus Hirsch.

Now, notwithstanding the reticence of the official despatches, a kind of panic has seized those countries bordering on Russia.

Austria first, then Roumania and Germany, have instituted commissions to study the scourge, and, particularly, to take the most rigorous measures with a view to quarantine against it. Quarantine against travelers and merchandise will be severe, and in case the disease spreads, the frontier will even be completely closed.

The *British Med. Journal* rightly sets itself against this panic, and recalls the fact that the principles of quarantine are theoretical. It reminds us that the same governments with their quarantines did not prevent the spread of the bovine plague, even when the sanitary authorities slaughtered the sick; with still stronger reason, infection by man cannot be arrested by quarantine.

The Russians ought locally to take the most rigorous measures to stop the development of centers of infection. This duty is imposed the more upon those Russian cities which present deplorable sanitary conditions. In healthy cities scrupulous observance of hygiene should be maintained.

We hear of the most energetic measures being taken in Russia: cremation of corpses, destruction by fire of clothing and even of habitations, and disinfection by all the processes of chemistry. This is, without doubt, the capital point of defense against the epidemic.

We would like to see, in the infected localities, experiments made upon a large scale with carbolic acid spray, which is so powerful against the scourge of surgery.

In a word, it is high time that all our modern resources should be set to work. Let quarantine not be neglected, if you will, but it must not be forgotten that the modern world travels, that merchandise will go

round at all events, and that there is a much greater chance of destroying a disease than of hindering its progress.

One professional note in this connection: It is said in the correspondence that the mortality of Russian physicians in the last war has been such that they are necessarily wanting at the scene of the epidemic. Let us hope that the medical world will not have to submit to such cruel losses as was caused by yellow fever in the United States, and in Senegal.

CHANCRES OF THE TONSIL AND MOUTH.—

M. Spillman reports, in the *Revue Médicale de l'Est*, two cases remarkable for the difficulty in the diagnosis of one of them, and especially because of the conditions under which contagion took place:

A lady, fifty-nine years of age, placed by her position beyond all the ordinary causes of syphilitic contagion, presented herself for examination, complaining of a slight sore throat dating back more than a fortnight. There were sharp pains felt at the moment of swallowing, and a considerable glandular swelling situated at the angle of the jaw on the right side. Upon examining the throat there was observed upon the tonsil of the same side an ulcer the size of a three-cent piece, superficial, slightly excavated, and covered with a grayish secretion. The mucous membrane around this ulceration was oedematous and formed like a cushion. No other lesion was found in the buccal mucous membrane or in the isthmus of the fauces. The ganglia of the peritoid region were voluminous and painful on pressure. No redness of the skin existed, however. With this exception, the patient complained of no trouble in her general health, and seemed to attach but little importance to the disease from which she suffered. Knowing this patient's manner of life, M. Spillman was unable to suspect syphilis, nevertheless, at the end of some days a roseola made its appearance which permitted no doubt as to the existence of

syphilis of which the ulcer in the throat was the primitive lesion. The difficult question of the etiology remained. After much research it was learned that the patient, having received into her house a child raised on the bottle, had the habit of often aspirating the instrument to ascertain the temperature of the milk, by means of the rubber mouth-piece. Now, it was learned that the child thus nourished was affected with hereditary syphilis with multiple lesions of the mouth and genital parts.

A second case reported by M. Spillman is not less interesting in relation to the mode of contagion. This concerned an upholsterer's apprentice, age thirteen years, who for several days had borne upon the right side and anterior surface of the lower lip a small red patch, the size of a three-cent piece. This patch was indurated at its base, and the ganglia were enlarged; in fact, it was a labial chancre. Nevertheless, it appeared impossible to find the source of infection until it was learned that this child worked with a workman and took his tacks from the same sack with him. Now, upholsterers have a habit of putting a small handfull of tacks into their mouths which they make use of in proportion to the requirements of their work, they put the surplus tacks back into the sack. Upon examination, this patient presented numerous mucous patches about the mouth; hence it is more than probable that the child became infected through placing in his mouth tacks impregnated with this man's saliva.—*Ibid.*

♦♦♦

EMPLOYMENT OF PROTOXIDE OF NITROGEN IN SURGICAL OPERATIONS.—Every one knows the use of protoxide of nitrogen by dentists to produce anæsthesia. They employ it chemically pure. American surgeons have also tried it for capital operations; but as it is necessary to suspend the inhalation of the gas at short intervals, to avert danger of asphyxia, and consciousness reappears as soon as the patient stops inhaling it, the

result follows that an operation cannot be performed in a continuous manner.

M. Paul Bert, who has perseveringly sought for a means of obtaining surgical anæsthesia which shall be effective and harmless, and who has already given the Society of Biology the results of his experiments upon the physiological action of protoxide of nitrogen, has tried substituting a mixture of this gas with oxygen, without compression, for the ordinary pure gas. This mixture contained eighty-five parts of protoxide of nitrogen with fifteen parts of oxygen; a bird could live in this mixture forty-eight hours.

The first operation, for ingrowing nail, was performed by M. Léon Labbé. The patient was a girl aged twenty. She easily fell asleep, without any stage of excitement, she only presented some slight phenomena of contraction of muscles. The nail was extirpated without the patient making a movement. She awoke almost as soon as the mouthpiece of the inhaling apparatus was withdrawn. So far was she from being depressed, that she could walk at once, and asked to eat.—*Le Progrès Médical*, 22 février, 1879.

Extracts and Abstracts.

TRITURATIONS. (*New Remedies*, March, 1879).—Dr. C. Wesselhöft, a homœopathist, has made careful microscopic examinations of triturated metallic and other hard substances. These were reported in a Leipzig journal of the same school. The processes of preparing substances for examination are described with such care and minuteness as to convince one of the ability of the author as a microscopist. Some of his conclusions must seem somewhat startling to believers in high dilutions, "attenuations," and "potencies." We quote: "The use of the microscope in these investigations requires no modification from usual methods. High powers are not at all necessary, as a magnifying power of 100 is already sufficient to recognize the minutest particles which may be produced by tritura-

tion. Higher powers are necessary in order to obtain exact measurements of the particles found. Examinations were made of wood charcoal, gold (in leaf and precipitated), iron, silica, copper, lead and mercury.

"The result of all these experiments and observations is, that, contrary to the hitherto prevailing opinion, metallic and other hard insoluble substances cannot be subdivided by continued trituration beyond a certain limit. If these bodies were originally in the state of fine powder, rubbing with milk-sugar does not further divide them. In most other cases, the subdivision of particles ceases after the first trituration. The limit of divisibility depends on the proportion of milk-sugar. The smaller the quantity of the latter is used the further may the comminution be carried. In centesimal triturations (1 of substance and 99 of milk sugar) the effect of the pestle is mainly confined to the sugar, while the foreign substance receives but little of the power employed.

"It was formerly held that in high triturations, owing to the excessively fine state in which these bodies are present, they become completely soluble in alcohol or water. This theory must evidently be abandoned in view of the results above obtained." He further concludes that no particle of the original substance could be present in any trituration higher than the third centesimal. Hence it is impossible to make "dilutions" from higher attenuations.

As to the alleged pathogenic or curative effects of the latter, he acknowledges that there is great uncertainty. While it is perfectly certain that neither copper nor gold could be present in *any* dilution beyond the fifth, it is equally certain, says the author, that he obtained in sixteen healthy persons, *without any medicinal agent*, 919 different symptoms which certainly would have been recorded as "proofings" in the *materia medica*, if the experiments had been conducted in the usual manner. He advocates the total cancellation of all so-called "proofings" made with such dilutions as the 12th, and over (up to the 200th), as not being based on the presence of a material substance, without which no effects can be expected.

STAMMERING.—Dr. Wm. A. Hammond (*The Voice*, No. 3) gives his method of self-treatment of this annoying affection. He considers it a functional disorder of that

part of the brain which presides over the faculty of speech. Having himself been a sufferer, he is able to speak as one having authority. We give his method in his own words:

"If the attention of the stammerer can be diverted from himself and his articulation, he will often speak to others as calmly and as perfectly as he does to himself when alone.

Now, there are various ways of accomplishing this object, but the one that I found most effectual was the performance of some slight muscular action synchronously with the articulation of the difficult syllables. The words that troubled me most were those that began with the *explosive* consonants—those that require the sudden opening of the lips for their enunciation—*b*, *p* and *t*. I could no more have repeated the alliterative lines, 'Peter piper picked a peck of pickled peppers,' etc., to other persons without stammering, than I could have walked to the moon, though perfectly able to say the whole piece through without a flaw when speaking alone. With each troublesome word, especially with one beginning a sentence, I made some slight motion with the hand or foot, or even with a single finger, and I found that this plan enabled me to get the word out without stammering. With the enunciation of 'Peter,' for instance, I would tap the side of my body with the hand just as I opened my lips, and the word was articulated without the least halting.

In this procedure, the attention is diverted from the effort to speak to the performance of the muscular action mentioned, and hence the speech becomes more automatic than it is with stammerers generally. And this is the whole system of curing stammerers. It consists in efforts to render the speech automatic. No orator thinks of his articulation when he is making a speech; no one in ordinary conversation thinks whether or not he will be able to pronounce a certain word, or to acquit himself well in the management of his tongue and lips. His mind is concerned with his thoughts, with what he is going to say—not with the manner in which he will articulate, and the more thoroughly we can succeed in bringing stammerers into the same way of procedure, the more successful will we be in our efforts to cure them."

He followed this method about two years before the cure was accomplished, and has

succeeded in curing several of his young friends by recommending it to them. Sometimes it has failed, as all other plans sometimes fail. In some cases probably from want of perseverance in carrying out the plan.

TREPHINING IN EPILEPSY.—In the *Archives Générales de Médecine* for December, 1878, Dr. Echeverria has published a *résumé* of the results of trephining in epilepsy resulting from injuries of the skull. Of these, ninety-three were followed by recovery; eighteen by improvement; in five no change was produced; one was rendered worse; and death resulted in twenty-eight cases. The cause of death, in the fatal cases, were extremely varied, viz: suppuration over the whole surface of the brain; hemorrhage into the brain under the seat of operation; gangrene of the membranes and cerebral abscess; obstinate hemorrhage of the superior longitudinal sinus, meningitis and meningo-encephalitis.

Dr. Echeverria gives the following *résumé* of the results of his analysis of the cases referred to:

Trepanation is the best means which can be employed in the treatment of epilepsy caused by injuries to the skull.

The immediate operation appears to be almost as successful as the late; fever forms a serious contra-indication to the operation. Insanity and paralysis justify the operation.

Trephining succeeds equally well when syphilitic products upon the bones of the skull, and which have proved rebellious to specific treatment, act as the cause of epilepsy.

The success of the operation depends, in great part, upon our ability to prevent irritation of the cerebral meninges.

It is, finally, advisable to keep the patient under anti-epileptic treatment for some time after the operation, in order to overcome the so-called epileptic *habit* of the nervous system.—*New York Medical Record*.

REMARKABLE TWIN LABORS. (*Va. Med. Monthly*).—Dr. J. W. McSherry reported to the Baltimore Academy of Medicine an interesting case in obstetrics in which he was sent for to a woman who had thrown off a fœtus nine days before. He found her, as he thought, moribund. The exhalations from her person infected the air of the entire house. He found the vagina full of decomposed blood. While under his treatment, a second fœtus came away, there

being nine days interval between the deliveries. Under careful treatment with the liberal local use of carbolic acid, the woman finally recovered.

Dr. Van Bibber stated, in connection with this case, that a lady told him that she had a living sister who was born five months before her. Similar cases he had seen mentioned in medical literature, and were explained by a double uterus, each carrying independently its product of conception.

He also mentioned a case in his recent practice in which he found the woman delivered ten minutes before he reached her bedside. He had been in the room about the same length of time when the nurse showed him, at the foot of the bed, a mass that had come away instead of a child. He recognized it as the entire ovum complete. He tore open the membranes, and liberated the child, which commenced to cry as soon as exposed to the air. The child had been out of the uterus, enveloped in its bag of waters, fully twenty minutes before it was brought to light and life.

ANTAGONISM OF OPIUM AND BELLADONNA. (*Am. Practitioner*, Feb. 1879).—Dr. W. B. Davis gives a carefully prepared paper on this subject, from which we extract the following:

Points of Antagonism:—1. Opium contracts, belladonna dilates the pupils. 2. Opium constipates, belladonna relaxes the bowels. 3. Opium* retards the circulation and respiration; belladonna, in moderate doses, accelerates them. 4. Opium dilates the veins and arterioles; belladonna, in moderate doses, contracts them. 5. Opium induces profound sleep and coma, with low blood pressure; belladonna produces wakefulness and a talkative delirium, with high blood pressure, followed by convulsions and stupor.

Points of Agreement:—1. Both drugs produce dryness of the mouth and throat. 2. Both drugs, in large doses, retard the circulation and respiration, and dilate the arterioles. 3. Both drugs destroy life in the same way, namely, by a direct depressing action upon the respiratory centers and upon the heart.

If the above summary is a correct presentation of the physiological action of

* Kœnig, in Schmidt's Jahrbuch, says: "Because a small dose of the one may be counteracted by the other, it is not proven that the effects of a fatal dose will also be rendered harmless."

these drugs, we can see wherein and how far their use as counter-poisons may be beneficial or injurious. Death occurs, in opium poisoning, from failure of the respiration; with a failing respiration, we have a languid circulation, a congestion of the veins and arterioles, and the blood saturated with carbonic acid. Belladonna, *in moderate doses*, will stimulate the respiration and circulation, and induce contraction of the veins and arterioles. *This is the limit of its usefulness in opium poisoning.* It simply keeps the vital machinery in motion—unless too large a quantity has been ingested—whilst nature eliminates the poison. The smallest amount which will increase the respiratory forces and stimulate the failing heart, should be used. Pushed too far, or given in too large an amount, it paralyzes the nerve trunk and increases the danger."

It is needless to remark that Prof. Davis thinks the heroic doses of atropia, recommended by J. Milner Fothergill, to be extremely dangerous, and that the American authors and Harley are to be followed.

ELEPHANTIASIS. (Philadelphia *Medical Times*, March 1, 1879).—Dr. C. A. Siegfried, U. S. N., writes from Yokohama, Japan, of some investigations made by Dr. Patrick Mansen, of Amoy, China. The latter believes that elephantiasis is caused by the presence of the nematode hæmatozoa, filariæ sanguinis hominis, first described by Dr. Joseph Leidy, of Philadelphia. Dr. Mansen states his theory about as follows:

In elephantiasis, parent filariæ have developed in the lymphatics; by their presence, or by the irritation their embryos excite, lymphatic vessels may or may not inflame. If they do not inflame, the embryos pass freely along the lymph-vessels to the blood, and there is no elephantiasis; if they do inflame, the channels in the lymph-glands are obstructed, either by inflammatory effusions, etc., or by the embryos themselves. Lymph-dropsy happens on distal side in consequence; if obstruction is complete, so that no lymph circulates, this fluid is organized into solid-tissue elephantiasis; if there is no obstruction, but still partial circulation, there is lymph-scrotum.

He almost always finds filariæ embryos in *chyluria*, and that *chyluria* and lymph disease are associated in a large majority of cases. Hence he infers that all these affections are interdependent.

TOBACCO AMBLYOPIA. (Philadelphia *Med. and Surg. Reporter*, March 1, 1879).—In a late article on this subject M. Guéniot states, as the result of his observations:

1. That the amaurosis of nicotin begins always in one eye, and never effects both eyes equally from the beginning. The patient sometimes sees objects yellow.

2. From the beginning the patient sees as in a mist, which gradually becomes more obscure. Along with this there exists central scotoma.

3. There is at first a weakness in the central power of vision, while the peripheral perceptions remain normal.

4. Guéniot has never observed any especial pain or headache. The patients do not see so well towards the evening.

5. The pupils are almost always contracted and immovable.

Guéniot gives the following as the distinctive diagnosis between the amaurosis of nicotin and of alcohol: The amaurosis following the abuse of alcohol begins in both eyes at once, while that of nicotin is at first always unilateral. In both diseases there is central scotoma, but in the intoxication of nicotin alone are there muscævolitantes. There is pain with the alcohol amaurosis, and the patient sees better toward the evening. The reverse is the case after amaurosis following the use of tobacco. Both diseases may end in atrophy of the papilla, but the amaurosis of nicotin progresses more quickly.

MARRIAGE AND THE MICROSCOPE.—Dr. C. Heitzman, of New York (N. Y. County Med. Society, Dec. 23, 1878) read a paper in which he claims to be able to determine the constitution of an individual by means of microscopical examination of the blood, without knowing anything of his former life. The better the constitution, the fewer are the colorless blood corpuscles. These corpuscles are partly homogeneous, or at least coarsely granular in strong men; they are also paler in color (yellow) in weak persons. He says:

"In fact, the microscope reveals so much of the general health of a person, that more can be told by it in many instances than by the naked eye, or by physical examination. Life insurance should be based upon microscopical examination, as well as on percussion and auscultation. Marriages should be allowed in doubtful cases, only upon the permit of a reliable

microscopist. Last season a young physician asked me whether I believed in the marriage among kindred? He fell in love with his cousin, and so did the cousin with him. I examined his blood and told him that he is a 'nervous' man, passes sleepless nights, and has a moderately good constitution. The condition being suspected in the kindred lady, marriage was not advisable for fear that the offspring might degenerate. So great was his faith in my assertions, that he gave up the idea of marrying his cousin; offering her the last chance, viz: the examination of her blood. This beautiful girl came to my laboratory, and very much to my surprise, I found upon examination of her blood a first-class constitution. The next day I told the gentleman, 'you had better marry her.'

[This discovery opens up infinite possibilities to the future expert in microscopy. The future State Board of Health will probably take this matter under consideration and allow no marriage in Missouri until the candidates have had their blood examined and paid, of course, [the proper fee.—ED. RECORD.]

TASTELESS QUININE. (Richmond and Louisville *Med. Journal*).—Dr. Larrabee reports the most favorable results from the use of cinchonia (alkaloid) in all forms of malarious affections. We have already given Dr. Ashhurst's formula, but repeat it because of its importance. He says: "A powder containing one grain of cinchonia, four grains of sugar of milk, and one-tenth grain of bi-carbonate of soda, possesses only the slightly sweet taste of the sugar of milk, and is quite readily miscible with water or milk, or, if preferred, can be easily swallowed dry." This mode of exhibiting cinchonia we have found of especial value in malarial affections in children and in sensitive adults. Dr. Larrabee states that "tasteless quinine, when rendered such by tannic acid, may be denounced as useless quinine." We are unable to agree with him in this judgment. We have found a tannate of quinia (Reichardt's neutral tannate) just as efficacious as the sulphate.

CENTPEDE AND TARANTULA BITES.—A gentleman in Texas writes to the Boston *Med. and Surg. Journal* as follows: "In regard to the bite of centipedes, tarantulas, etc., I have asked several persons who may

be considered 'authority,' and have come to the following conclusion: the bite of the centipede or tarantula in certain sections of the country is always fatal. In other sections the bite is sometimes fatal, generally not, but causes acute pain at time of bite, and in case of the tarantula a swelling something like a boil; in case of the centipede the flesh is killed, and sloughs off in time. Both the bite of the tarantula and that of the centipede seem to affect the nervous system. * * * * I did not hear any satisfactory reason given why the bites have different results in different sections. It is generally attributed to difference in water and wood. * * * * I saw a man who has lived on the frontier for twenty-five years. He had been bitten by a tarantula, and had used camphor and nothing else. He always carries a bottle with him to protect himself against these bites. I have heard of domestic animals being bitten, some of which died."

CONFESSIOAL.—The *British Medical Journal*, with the beginning of the year, has cut its leaves—an immense convenience to all its readers. Another new feature is the establishment of a "Confessional," in which mistakes, errors, or ignorances, can be anonymously reported *pro bono publico*. This feature is to be specially commended. Few men have the nerve to report anything that may possibly tell against them in any way. Journals are filled with glowing accounts of success, to such an extent as to give a very wrong impression of what the status of medical and surgical progress really is. The "Confessional," it is to be hoped, will prove a counter-check. Other journals, perhaps all, could establish it with advantage.—*Ohio Med. Recorder*.

EARACHE—CHLOROFORM VAPOR. (*National Med. Review*, Feb. 1879).—At a recent meeting of the Medical Society of the District of Columbia, Dr. James E. Morgan stated, during a discussion on otitis, that he had often promptly relieved the distressing earache of children by filling the bowl of a common new clay pipe with cotton wool, upon which he dropped a few drops of chloroform, and inserting the stem carefully into the external canal, and adjusting his lips over the bowl, blew through the pipe—forcing the chloroform vapor upon the tympanum. Dr. J. Ford Thompson had also accomplished the same relief upon similar principles.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - MARCH, 1879.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

MEDICAL COLLEGES VERSUS MEDICAL REFORM.

There is no longer any excuse for the slipshod manner in which medical graduates have been and still are turned loose upon the American public. In earlier times there was some reason in it; it was deemed better to provide the people with half educated practitioners rather than to leave them to the tender mercies of men entirely without medical training of any kind. These United States extend over such a vast expanse, and the population has been so sparsely scattered, that a much larger number of medical men in proportion to the whole number of people have been required to supply their wants, and the supply has often fallen short of the demand.

The immense number of so-called medical colleges, owing their existence to the enterprise of private individuals, has long since supplied the necessary number of half-trained recruits to the medical army; and now it is time that the old system should give way to a better one. The natural effect of competition has been to furnish an over-supply of an inferior article. Hence the crying necessity of the time is a lessened production and an improved quality.

The ordinary medical college is a business venture; every student and graduate is a walking advertisement of his profes-

sors. If a teacher has the industry or tact to compile a text-book, he is sure of a sale for it sufficient to reimburse him for the outlay, while his book is another advertisement for consultations. Thus it happens that it is for the interest of the common medical school to graduate as *many* as possible without regard to *quality*.

The American medical profession, through its putative organ, the American Medical Association, has declared it to be an offense against medical ethics to advertise, yet the same gentlemen, from the President down, are the most extensive and effective advertisers in the country. We need only to refer to college catalogues and announcements that are distributed by the hundred thousand annually, and the thousands of half-helpless practitioners sent forth to call upon their former teachers for help in consultation. If medical advertising be an offense, let the self-styled leaders of the profession cease from this underhanded method of doing what they condemn in others.

As before stated, medical colleges in America, are, broadly speaking, simply business ventures. This is amply demonstrable by a glance at the men who compose the so-called professional staff of almost any one of them. In more than one of these "fountains of knowledge" may be found men incapable of writing the report of an ordinary case in practice, men whose ordinary conversation and lectures(?) are full of grammatical errors, of puerilities and of the gravest scientific errors. These "blind leaders of the blind" cannot but lead into error. The quality of the young graduates is as good as could be expected from such teachers.

The over-crowding of the profession occasioned by the ease with which medical diplomas are obtained, has already proved utterly demoralizing to its members. The "struggle for existence" has become a severe one, and promises to become still more bitter in the future. We have no

doubt that the "fittest" will survive, but, like the same process in the animal world, untold suffering will be occasioned the weaker and more sensitive of the contending parties.

It is to render this "survival of the fittest" an easier matter that we would limit the process to a smaller number. Let a preliminary examination determine who is entitled to enter the race for professional preferment. Eliminate those who are too indolent to acquire the rudiments of knowledge. Let not the industrious, honest student be hindered in his efforts by those whose only claims to consideration are those furnished by money, influence and craft.

Time is a necessary element in all human achievements. To the vast majority of mankind ideas are not matured, knowledge is not classified, and skill is not acquired by intuition. If time is not taken to acquire these before active practice is commenced, then they will have to be gained at the expense of the sick and helpless.

We have given some of our reasons for no longer countenancing the forced system (which has no right to the name of system) of medical education. Public opinion, both in the profession and outside its limits, is with us, and we have no fear but that our contemporaries will all, sooner or later, come into line with us and compel the colleges to suitable action.

REGISTRATION.

The Circuit Court of St. Louis has, at last, rendered a decision which nearly accords with our opinion, expressed on several occasions. We refer, of course, to the case of Dr. Raband. Dr. Raband has no diploma, but acquired the right to practice prior to 1874, and was registered by the County Clerk according to the provisions of the medical law which was put in force in that year. Our Health Commissioner saw fit to ignore the rights thus acquired,

and refused to register Dr. R., and also refused to recognize cemetery certificates signed by him.

Dr. Raband sued for a writ of mandamus to compel the H. C. to enroll him upon the list of physicians and surgeons. This was granted. Exception was taken, and the point was raised, that because Dr. R. was a *druggist*, he was not entitled to registration. This was overruled, as every one knew it must be.

The Hon. H. C., however, could not cheerfully submit to superior authority. He expressed publicly his contempt for the order of the Circuit Court by stating that he should register Dr. R. in red ink, and enter upon the registration book that he registered Dr. R. under protest; also that he should continue refusing to recognize Dr. R.'s certificates and turn over every such document to the Coroner. If he carries out this arrogant policy, we trust Judge Adams will look to the dignity of his court and punish such contempt with about thirty days' imprisonment in the common jail. A few days of enforced quiet may impress Mr. Francis with some little respect for the judiciary of the State of Missouri.

In the decision of the court referred to occurs a remarkable example of legal logic. The ordinance in question requires physicians to exhibit their diplomas to the Health Commissioner before he registers them. The court decided that in cases where the right to practice had been acquired, although the party held no diploma, that the Health Commissioner must register the practitioner in spite of the fact that no diploma could be shown; in other words, that this section of the ordinance was not operative against parties having no diploma. It also stated that physicians *having* diplomas would be obliged to show them to the Health Commissioner before registration, although they, also, had acquired the right to practice under preëxisting laws. Now, it happens that the same ordinance gives the Health

Commissioner discretionary power. He may accept or reject a diploma. He is empowered to decide the "good standing" of every medical college in the world, and reject diplomas issued by such colleges as he believes not to be "in good standing." He has rejected diplomas issued by certain colleges and refused to register physicians holding them, although they had registered under the State law of 1874. It would seem, from Judge Adams' decision, that these physicians have only to destroy the obnoxious diplomas referred to and appear before the Health Commissioner demanding registration under the State law, and that official will have to grant them the privilege. On the other hand, if a physician declines to humiliate himself by confessing the suspicious character of his credentials to practice by humbly presenting them to the Health Commissioner for his approval, then he may be refused registration. It will thus be seen that the ordinance in question, in fact, offers a premium for fraud and incompetency, and casts a slur upon knowledge and honesty.

We have no doubt of the "good intentions" of the Health Commissioner. He is merely incompetent to comprehend the duties of his office, and obstinate in adhering to a wrong course after the error of his ways has been fully demonstrated. We believe he has been made the unconscious instrument of certain designing men connected with the various medical schools of St. Louis, who hoped to profit, in pocket, by forcing many practitioners, without diplomas, to pay lecture and diploma fees before they would be permitted to register. We trust the Health Commissioner has enjoyed being a "cat's paw" for the schools!

DAMIANA.—Several months since we received samples of the fluid extract of damiana, manufactured by Mr. F. O. St. Clair, of Washington, D. C. For a long time we found no patient who seemed a proper subject upon which to test it. At last, our

friend, Dr. de Cailhol, described to us a case, that seemed a good one to test the alleged virtues of damiana upon. We furnished the Doctor with two bottles, which he gave to his patient with directions to take one teaspoonful three times a day. The case was one of complete impotency following an attack of malarial fever. This had resisted phosphorus, taken for some time, also nux vomica and strychnia. The patient completely recovered from his affection before he had finished taking the amount named, and now, two months afterward, is fully restored.

We have another case under observation and hope to report it in a few months. We are satisfied that the drug has a special aphrodisiac effect; how far it may be available for medical purposes is, as yet, undetermined.

STATISTICS OF THE "NEW DEPARTURE."—We received, under date of Feb. 27, the following from the pen of a professor in one of our local medical colleges:

"On account of the recent course of the **CLINICAL RECORD**, I am compelled to discontinue my subscription to that journal."

On the same day we received *fifteen* new subscriptions and two renewals. We are, therefore, moderately satisfied with a majority of *sixteen in favor* of the "recent course of the **CLINICAL RECORD**." All dissatisfied parties are cordially invited to discontinue their subscriptions. All friendly to modern improvements in medical education are also cordially invited to subscribe. We do not desire *any* of the former class upon our books.

PROFESSIONAL COURTESY was finely exemplified before the St. Louis Medical Society, at its meeting of Dec. 21, 1878 (*St. Louis Medical and Surgical Journal*, Feb. 1879). One of the members described with dramatic display the excellent results of *his* treatment of a case of "essential paralysis of children." He stated that he administered bromide of potassium, for some time,

in twenty-grain doses, which caused great depression. He, however, omitted to state to whom he owed the advice that saved his patient from death! He does not state that he had any counsel, while the fact was patent to the editor of this journal that if counsel had not been called in the patient referred to would have died within a few hours! It seems to be necessary to constantly remind certain gentlemen, who have attained a factitious prominence, that "honesty is the best policy," even in the practice of medicine.

A CONVENTION OF MEDICAL COLLEGES is called for May 2, at Atlanta, Ga. This is to consider the subject of medical education in general, and Prof. Gross' call alludes particularly to the propriety of adopting the *three year* system. All such efforts to advance the standard of medical education are confessed to have failed, and we see no particular reason to hope for anything better from the new convention. So long as money-making is the *one* object of the great majority of medical schools, no serious effort will be made to improve the system. The *profession* alone can coerce the colleges into anything like decency in this regard. The way to reach them is to send the low-grade schools no students, and patronize no journals conducted in their interest.

THE CAIRO AND ST. LOUIS RAIL ROAD, under the efficient management of Mr. L. M. Johnson, is one of the best regulated lines which center in our city. It passes through a rich farming country, and boasts of the finest scenery to be found in the Prairie State. Columbia, Waterloo, Red Bud, Sparta, Murphysboro, Jonesboro and Cairo are thriving cities, giving ample evidence of the wealth of Southern Illinois. We commend the route above named to all who would know the real resources of a most important section tributary to the "Future Great City of the world." Ticket office at 520 Walnut street, Freight depot at 312 South Second street.

Book Notices and Reviews.

LECTURES ON LOCALIZATION IN DISEASES OF THE BRAIN, Delivered at the Faculté de Médecine, Paris, 1875. By Professor Charcot. Edited by Bourneville, Translated by Edward P. Fowler, M. D., New York. 8vo. pp. 133. New York: William Wood & Co., 27 Great Jones street. 1878. St. Louis: Gray & Baker B. & S. Co. Cloth. \$1 50.

The volume before us is the first product of the great French neurologist's pen, which has had the honor of an American translated edition. Professor Charcot begins the work with an announcement of the general principles which should govern the localization of cerebral lesions; while his claims in this chapter are in the main just, it is to be regretted that he has not paid adequate attention to the sources of error which, notwithstanding the endeavors of the best clinical, pathological and anatomical observers, are yet sufficiently numerous to render cerebral localization one of the most uncertain diagnostic fields. In this respect the contemporaneous work of Ferrier on the same subject is much more carefully written. The writer then successively describes the cerebral cortex and the relations of the basilar ganglia. His figures as well as his facts are derived from Meynert's monograph, their interpretation, Professor Charcot does not appear to have been uniformly clear in, as the sequel will show.

His fourth lecture deals with the parallel between spinal and cerebral lesions, the general conclusion being that the encephalon is placed under pathological laws, differing from those which control other portions of the nervous system. That many of the laws governing cerebral lesions are different from those governing the cord is an established fact, but on the other hand there are many which are identical and on the whole the difference seems to us to be more one of degree than of kind. In the latter part of the lecture, he introduces the subject of the next two lectures, the cere-

bral blood-supply, by giving the coarse anatomy of the cerebral vessels. This portion of the book is the best written and is mainly founded on the researches of his pupil, Duret. The reader of Charcot's work will doubtless be amused at his patriotic condemnation of the German "annexation mania" (p. 42) where he endeavors to prove that Heubner's claims as to priority are erroneous, and yet has to admit that, chronologically, Heubner's publications preceded Duret's.

After discussing the cerebral circulation and showing that the extension of an apopleptic extravasation takes place in a definite direction from given foci, the author concludes by discussing the subjects of cerebral hemianæsthesia, crossed amblyopia, hemiopia and of secondary degenerations.

The most important foundation for cerebral localization is doubtless an accurate knowledge of the anatomy of the encephalon. This foundation Charcot owes to the German writers, and so acknowledges it, but it is to be noticed in this relation that he adopts without reserve the frequently fanciful and often erroneous views and diagrams of Huguenin.

The translator, Dr. Fowler, of New York, in his preface, states that "Charcot's superstructures are *always* built with great care and reserve upon the secure basis of induction. * * * *". Granting that this is the case, then his work has suffered most terribly in the hands of the translator. On page 40, we have the "subjacent white ganglia!" On page 48 the "subjacent white cortex!" On page 34 the posterior columns of the cord have become reduced to "little white external bands" and the claustrum is described as the "outer wall" with the explanatory parenthesis "little white unnamed bands." Now, in the first place, it, (the claustrum), not "they," is not "little," but rather extensive; in the second, it is not "white," but most decidedly gray; in the third, it is not "un-

named," but is familiarly known as the claustrum; and, finally, it is not a "band," but a large flat expanse which appears as a band (of course) on the transverse section. The zoölogist who may chance to glance over this work will be surprised to find that the *Macacus* is a monkey of a low type, as if it belonged, say, to the Marmosets or Lemurs.

The figures introduced to elucidate the text, if carefully studied, will only confound the student. In nearly all the diagrams of sections through the Island of Reil, this territory is incorrectly represented as being open. In the excellent facsimile taken from Meynert, (Fig. 33) the references have been copied wrong, and the cerebral anatomist will doubtless be astonished to learn that the head of the corpus striatum looks towards the occipital lobe, and the queue toward the frontal. In figure 32 a reference pointing to the two pillars of the fornix, reads "three pillars," and in figure 21, the fornix seems to fuse into one common mass with the unnaturally attenuated corpus collosum.

Since the translator has obscured the subject by numerous errors and ambiguities like those referred to, it will be unnecessary to take up the controversial aspect of Charcot's views. While Charcot's original work will prove a profitable reading to the practitioner as well as the specialist, the translation can but confuse the student, although it may prove serviceable to those who can correct the translator's errors.

The work is gotten up very well and the publishers have spared no expense in illustrating it profusely. E. C. SP., N. Y.

A PRACTICAL MANUAL OF THE DISEASES OF CHILDREN. By Edward Ellis, M. D., Late Senior Physician to the Victoria Hospital for Sick Children, etc., etc. Third Edition. 8vo. pp. 213. New York: William Wood & Co., 27 Great Jones street, 1879. Cloth, \$1. Wood's Standard Library.

This is the second volume of Wood's Library of Standard Medical Authors, and

is a most excellent one. Some of the author's notions, however, are subject to criticism, *e. g.*, in relation to scrofulosis. Many affections are treated of that are not at all peculiar to children—such as rheumatism, typhus fever, small-pox, etc. The space thus occupied might well have been filled with other matter.

In relation to diphtheria, he states, as the result of his own experience and observation, that the Chinese race seems to possess absolute immunity. This is a remarkable fact, if it should prove to be a fact. Croup is not considered identical with diphtheria. He says nothing of the treatment of the last-named affection by Chapman's method: large doses of alcohol with quinia or cinchonidia.

The book is wonderfully cheap, and will, no doubt, have a very large sale. Wood's Library, thus far, has proved itself worthy of the most liberal support and patronage. We advise every one to subscribe for the entire series.

(1) **DIPHTHERIA ; Its Nature and Treatment, Varieties and Local Expressions.** By Morell Mackenzie, M. D., Lond. Senior Physician to the Hospital for Diseases of the Throat and Chest, etc., etc. 12mo. pp. 104. Philadelphia: Lindsay and Blakiston. 1879. Cloth, 75 cents.

(2) **REPORT OF INVESTIGATIONS INTO THE PATHOGENY OF DIPHTHERIA,** Conducted by Edward Curtis, M. D., and Thomas E. Satterthwaite, M. D. To the New York Board of Health. 8vo. pp. 56.

Dr. Morell Mackenzie is known everywhere as an authority of the first class upon all that relates to throat and lung affections. Hence we must respectfully consider what he has to say in relation to diphtheria.

He considers it a specific, communicable disease; that the contagion, when set free from the affected individual, undergoes further development, which increases its disease-producing properties. Is rather sceptical about its being directly communicated from person to person, although compelled to admit it in some cases. He thinks that

the "disease germs" are capable of retaining their vitality for long periods—sometimes years. Does not believe in the bacterian theory of Oertel and some others; and thinks that certain families show greater susceptibility to the poison, whatever it may be, than others. *The evidence in relation to this latter point appears to us very defective.

Croup he considers to be simply one *form* of this disease, and prefers to term it "laryngo-tracheal diphtheria." The evidence presented in favor of this view seems to us very conclusive. Perhaps it is because it coincides with our personal prejudices.

In the treatment he is outspoken against the local employment of caustics; relies upon antiseptics and astringents, as topical applications, and has much confidence in lactic acid as a solvent of the false membrane. Preparations of iron, quinia and alcohol, with proper diet, generally speaking, are mostly to be relied upon. In the laryngo-tracheal variety, at the close of the second stage, when inhalations and emetics have failed to remove the false membrane, then tracheotomy is called for. In other words, as soon as it becomes clear that it is impossible to relieve asphyxia in any other way the operation should be performed.

We consider this little monograph one of the best that has appeared on this disease.

(2) Drs. Curtis and Satterthwaite, in their investigations into the "Causes and nature of Diphtheria," took up the very important question: "What is the nature of the infectious principle of diphtheria, and what are the circumstances that determine the infection?" Their experiments seem to have been very carefully performed. They were not very conclusive excepting with respect to the alleged connection between bacteria and the disease in question.

They sum up the results of their investigations in the following propositions:

"I. Inoculation of diphtheritic membrane into the muscular tissue of the rabbit

produces severe local lesions, and even constitutional disturbance and death. But these effects differ so in their pathology and clinical history from diphtheria in the human subject, that there is no warrant for defining them as diphtheria, or for applying conclusions drawn from observation of this inoculation-disease in the rabbit to the case of diphtheria in man.

"II. Effects exactly similar to the foregoing and of equal severity can, moreover, be produced by inoculation of a material not only non-diphtheritic, but non-infectious to the human subject under conditions where diphtheritic membrane *is* infectious, *i. e.*, when brought into contact with the mucous membrane of the mouth and throat. The material referred to is the pulpy scraping of the upper surface of the healthy human tongue.

"III. Effects generally similar to the foregoing, though not of equal intensity, can furthermore be produced by inoculation of a putrescent matter which is not even of immediate animal origin, namely, Cohn's fluid, allowed to spontaneously decompose. (Cohn's fluid is simply an aqueous solution of ammoniac tartrate, potassic and calcic phosphates and magnesian sulphate.)

"IV. The foregoing inoculation effects are not due to simple mechanical irritation, for inoculations of sand produce no effect whatever.

"V. Thorough filtration of a proven virulent aqueous infusion of diphtheritic membrane or of putrid Cohn's fluid removes the infectious property of the same. Hence in such diphtheritic infusion the poisonous quality probably inheres in some *particulate* thing, from which it is not separable by the action of cold water.

"VI. Thorough trituration of proven virulent diphtheritic membrane and tongue-scrapings with a high percentage of salicylic acid fails not only to remove, but even markedly to modify, the intensity of the infectious quality of these substances. Hence, since salicylic acid, in even a minute percentage, is capable of permanently suspending the vital activity of bacteria, the inference is that the infectious quality of diphtheritic membrane upon the system of the rabbit is not correlated to the vital activity of the bacteria present in such membrane.

"VII. If, as is not improbable, the noxious principle in diphtheritic membrane which produces in rabbits the effects de-

scribed, be the same with or even analogous to the principle which produces diphtheria in man by direct infection, then the conclusion of VI will apply to the infectious quality of such membrane in its relation to the reproduction of diphtheria in the human subject. If this be the case, it follows as an important practical corollary that *there is no theoretical ground for assuming that preventing the bacteria of a diphtheritic patch from making their way through the underlying mucous membrane will, per se, prevent general diphtheritic infection of the system.*

"VIII. There is no relation between inoculable virulence of a diphtheritic membrane and the period, within three days, that has elapsed between the detachment of the membrane and the inoculation with the same, nor between inoculable virulence and gross amount of bacteria present in the membrane.

"IX. There is a rough relation between inoculable virulence of a diphtheritic membrane and the severity of the original case of diphtheria, so far as this can be estimated by the termination of the case in death or recovery.

"But it must be distinctly understood that these nine propositions are not put forth as *proven*, but merely as the results of our experiments and observations so far as the latter go, stated in abstract form. Before the propositions can be considered proved as truths, a large number of corroborative experiments will have to be made."

It is to be hoped that such experiments will be made, and something definite be ascertained regarding the nature of the poison in question.

ANNUAL REPORT of the Supervising Surgeon General of the Marine-Hospital Service of the United States, for the Fiscal Years 1876 and 1877 (John M. Woodworth, M. D.) 8vo. pp. 213. Washington: Government Printing Office, 1878.

Dr. Woodworth's report is a very valuable one. The statistical tables that make up a large portion thereof are not especially interesting to parties not directly concerned, but are of permanent value. The suggestions contained in the report ought certainly to be acted upon. Dr. Woodworth has made such vast improvements in his de-

partment that whatever he has to offer must be entitled to very respectful consideration.

The appendix contains papers on Metric Weights and Measures for Medical and Pharmacal Purposes, by Oscar Oldberg, Ph. D.; on Physical Examination of Seamen, by Surgeon P. H. Bailhache; on River Exposure and its Effects upon the Lungs, by Surgeon Walter Wyman; on Yellow Fever at Savannah in 1876, by Assistant Surgeon George H. Stone; on Yellow Fever at Savannah and Brunswick, Ga., in 1876, by Assistant Surgeon Henry Smith; and on Yellow Fever at Fernandina in 1877, by Surgeon Robt. D. Murray.

Surgeon Wyman's paper is the best of these, and contains important facts relative to the preservation of the health of our river boatmen. We hope that the owners of steamers will heed his suggestions, and that many of the causes of lung diseases will be averted in the future.

One important fact appears, and is very strongly emphasized in Assistant Surgeon Smith's report on yellow fever, viz: "*Individuals, alone and apart from fomites, fail to spread the disease in a healthy locality.*" This we have often insisted upon, and if fully recognized would do away with the most obnoxious features of quarantine against the "yellow death."

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M. D., Lond., F. R. C. P. Lond., etc. Third American from the Fourth Revised and Enlarged English Edition, with 132 Illustration. 8vo. pp. 331. Philadelphia: Henry C. Lea. 1878. St. Louis: Gray & Baker Book & Stationery Company. Cloth, \$2 75.

This *third* American edition is a manifest improvement upon the last issue. The chapters have all been revised and the student will nowhere find a more complete guide to the subjects considered. A large number of new wood-cuts have been added and, in fact, everything has been done to keep up the established standard of the work, as the very best *introduction* to

this important study to be found in our language.

PHYSIOLOGY; Preliminary Course Lectures, by James T. Whittaker, M. A., M. D., Professor of Physiology and Clinical Medicine in the Medical College of Ohio, etc., etc., etc. Illustrated. 12mo. pp. 287. Cincinnati: Chancy R. Murry, 103 W. Sixth st. 1879. Cloth, \$1 75.

Dr. Whittaker has presented his students with a most readable volume, one that many old students, *i. e.*, practitioners, might read with great advantage. The theory of evolution is taught with much clearness and force, and even those who disbelieve the doctrines of Darwin and Huxley will find it very interesting and instructive. We do not know of a better presentation of the subjects treated of in concise form than this handy volume. We heartily commend the book to our younger readers.

BOOKS & PAMPHLETS RECEIVED.

NAVAL HYGIENE. Human Health and the Means of Preventing Disease, with Illustrative Incidents Principally Derived from Naval Experience. By Joseph Wilson, M. D., Medical Director U. S. Navy. Second Edition. With colored lithographs, etc. 8vo. pp. 274. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: Book & News Co. Cloth, \$3 00

CLINICAL LECTURES ON DISEASES PECULIAR TO WOMEN. By Lombe Atthill, M. D., Univ. Dubl., Master of the Rotunda Hospital, Dublin; Consulting Obstetric Surgeon to the Adelaide Hospital; Ex-President of the Dublin Obstetrical Society, etc., etc. Fifth Edition, Revised and Enlarged, with Illustrations. 12mo. pp. 342. Philadelphia: Lindsay & Blakiston. 1879. St. Louis: Book & News Co. Cloth, \$2 25

A MANUAL FOR THE PRACTICE OF SURGERY. By Thomas Bryant, F. R. C. S., Surgeon to, and Lecturer on Surgery at, Guy's Hospital; Memb. Correspond. de la Société de Chirurgie de Paris. With six hundred and seventy-two illustrations. Second American from the Third Revised and Enlarged English Edition. Large 8vo. pp. 945. Philadelphia: Henry C. Lea. 1879. St. Louis: Book & News Co. Cloth, \$6; Sheep, \$7 50.

THE NATIONAL DISPENSATORY. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, Including those Recognized by the Pharmacopœias of the United States and Great Britain. By Alfred Stillé, M. D., LL. D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania, and John M. Maisch, Ph. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. With two hundred and one illustrations. 8vo. pp. 1628. Philadelphia: Henry C. Lea. 1879. St. Louis: Gray & Baker Book and Stationery Co. Cloth, \$6 75; Sheep, \$7 50.

FASTING GIRLS; Their Physiology and Pathology. By William A. Hammond, M. D., Professor of Diseases of the Mind and Nervous System in the Medical Department of the University of the City of New York, and in the University of Vermont, etc. 12mo. pp. 76. New York: G. P. Putnam's Sons, 182 Fifth avenue. 1879. From the Author.

Miscellaneous Notes.

THE BLACK DEATH has ceased its ravages in Astrakhan, after slaying five thousand people. This is the official report of Gen. Mellikoff.

MESSRS. MCKESSON & ROBBINS have furnished us with samples of several of their gelatine-coated pills. We have tested them and found them *soluble* and effective. Their preparations are worthy of the highest praise, and we are confident will give satisfaction.

A NATIONAL BOARD OF HEALTH has been authorized by act of Congress. It is provided that there shall be seven members, to be appointed by the President, subject to approval of the Senate; to these are to be added one medical officer from the army, one from the navy, one from the marine hospital service, and one officer from the department of justice, to be detailed by the secretaries of the several departments and the Attorney General. Fifty thousand dol-

lars is appropriated for salaries and half a million besides (or as much as may be found necessary) to carry out the provisions of the act.

We trust that the President will not be forced to appoint the members of this Board from the large supply of "political doctors," but will select the very best medical men in the nation for the very responsible positions thus created.

ASYLUM REFORM steadily advances. In the New York *Herald* we notice a petition to the legislature of that State asking for a thorough investigation of asylum management as well as into the manner in which the commissioner in lunacy discharges his duties. Signed by such men as Drs. Hammond, Parker, Seguin, Meredith Clymer, Markoe, and others, it cannot fail to receive proper attention. The charges of neglect of duty on the part of asylum authorities are certainly startling.

In North Carolina we understand that a committee of the legislature has investigated the management of the State asylum, and have found the finances of the establishment so loosely conducted that it is recommended that all the present officers be legislated out of office and the entire system upon which the institution is managed be reconstructed.

THE INTRODUCTION OF NEW REMEDIES.—It is believed that Messrs. Parke, Davis & Co., of Detroit, Mich., are more energetically and actively engaged, than any drug house in this country, in finding out and bringing to the notice of the profession new remedies. This almost amounts to a specialty with them. Their agents are diligently canvassing California, Mexico and South America, and drugs, that in these places have been proved to have remedial virtues in certain diseases, are immediately contracted for in quantity, and then by most extensive advertising introduced to the profession. * * * * * They obtain these remedies at great cost, and at considerable expense acquaint physicians with them. They do all this, and besides furnish samples so that their value may be attested

in a responsible way. If they prove useful the profession, as well as the manufacturers, are the gainers. If they are worthless, who are the losers? * * * * * The introducers are more especially interested, and all they wish is to have their efforts appreciated and their new ventures given a trial.—*Am. Med. Bi-Weekly*.

A NEW METHOD OF STERILIZATION.—(J. Kocks, Privat docent in Bonn *Archives of Medicine*, Feb. 1879). The author starts out with the proposition that there are many cases where affections of the lungs, heart or kidneys, narrow pelvis, etc., rendered pregnancy and danger fraught with danger, and make a method of preventing the possibility of pregnancy very desirable. This he seeks to do by an operation which he calls "sterilization." By this operation he expects to make the woman permanently and completely sterile. This he thinks is better than oft-repeated premature artificial abortions, or the numerous common methods of preventing conception, with the attendant baneful results on the nervous system of both parties.

The operation consists in *obliterating the uterine orifices of the fallopian tubes*, so as to prevent the ovum from descending, or the spermatozoa from ascending to meet it. This obliteration he proposes to accomplish by cauterizing the parts with the galvano-cautery, using an electrode specially constructed for the purpose. The burning point of the platinum is about one centm. (.393 of an inch) long, and the curve such as to enable the operator to easily carry the instrument to the neighborhood of the orifice of the tubes. The author does not think it necessary that the orifice itself should be actually touched, but thinks if the instrument is brought into its immediate neighborhood, that the cautery effects will extend so far, that when cicatrization takes place the tube will be closed. By using the galvano-cautery the instrument can be introduced cold and heated when in position, so that its effects can be limited. He has operated on one case, the patient having some disease of the lungs. She was within eight days of her menstruation. No anæsthetic was used. The point being in place the current was turned on, and kept on for forty-five seconds on the left side, and one minute on the right. No bad symptoms followed, and the patient made a good recovery.

The author adds: "I do not deny that there is a lack of certainty that the operation will accomplish its end. Proof can only be obtained from an autopsy, since, even if sterility follow, it may be due to other causes."—*Centralblatt für Gynäkologie*, 1878, No. 26.

NEW JOURNALS.—*The Archives of Medicine*, a bi-monthly journal, edited by E. C. Seguin, M. D., assisted by Drs. Thos. A. McBride, Matthew D. Mann and Lewis A. Stimson, has made its appearance. The first number, for February, gives evidence of first-class editorial work, while its list of contributors can hardly be excelled. Articles by Prof. T. Gaillard Thomas, Mary Putnam Jacobi, C. Heitzman, A. F. Delafield, Prof. Hammond and the Editor-in-Chief, are contained in this issue. The names of the authors attest the good quality of these productions. We wish our young co-laborer a hearty welcome to the field of medical journalism. It cannot but achieve a successful career. G. P. Putnam's Sons, publishers.

L'Abeille Médicale, for January and February has reached us from Montreal, Canada. Dr. Ths. E. d'Odé d'Orsonnens, is the editor-in-chief. It is the avowed organ of l'Ecole de Médecine et de Chirurgie, of Montreal. The first number contains a long article on medical politics, a defense of the old medical school against the aspersions of its enemies. In the second (Feb. No.) the editor thanks the clergy, the legal fraternity and many others outside the medical profession for their substantial support. This appears rather strange in *medical journalism*. An interesting article on monstrosities is in the January number, with some not very attractive although pretty well executed cuts of the St. Benoit twins and another of much the same sort. Subscription price \$2 per annum.

HYGIENE vs. THE DOCTORS:

"Temperance, cleanliness and repose
Slam the door in the doctor's nose."

—*Old Rhyme*.

Home News.

ANOTHER case of quadruplets is reported in this city. The children were premature (seven months) and none of them survived twenty-four hours. The parents were of German birth.

THE medical colleges have held their commencement exercises and have sent forth nearly the usual number of graduates. If considered of general interest we shall give a list of them in our next.

THE Legislature has forbidden the imposition of a license tax upon lawyers and doctors. It is fortunate that the attorneys interested themselves in the matter, otherwise the doctors would have had to pay or go to the work-house.

WE trust our friends will take the trouble to see that every candidate for the Municipal Assembly is pledged to vote and work against the appointment of a non-medical man to the office of Health Commissioner. This is the only measure that will prevent four years more of misrule in the Health Department.

THE annual banquet of the St. Louis Medical College Alumni Association was given at the Lindell Hotel, March 6. The occasion was an unusually pleasurable one. Speeches were made and toasts were drunk, and all present enjoyed themselves to the utmost. Such reunions are to be heartily commended.

OUR NEW DEPARTURE (declining to advertise the low-grade medical colleges) seems to be "a dreadful thing"—the college organs avoid mention thereof with a perfect unanimity. The *Maryland Medical Journal* and the *Pharmacist and Chemist*, are the only journals which have had courage and independence enough to allude to it. The latter says: "This is a good, practical test. We hope it is contagious, and will be 'caught' by pharmacal colleges."

EXPERT FEES.—The bill before the State Legislature providing that physicians should receive a fee, to be fixed by the court, in cases in which their *opinions* should be asked upon the witness stand, has been defeated. A test case should at once be taken before the Supreme Court. We have no doubt but that its action would be the same in Missouri as in Indiana. It is time that this sort of robbery should cease.

THE burning of the State Insane Asylum No. 2, at St. Joseph, necessitates the construction of another building for the reception of the insane. We trust that more attention will be given to providing for the constantly increasing number of patients, and less to architectural extravagance than in the past. We also hope that the new institution may be located without any fraudulent bargain or sale.

THE *Pharmacist and Chemist*, of Chicago, seems to have a pretty good idea of the power of the "neurine batteries" of the "*Runner with the Argosy*"—witness the following: "An associate editor ought to be constructed on the Doric order. That is, if he is doing business in St. Louis, he has to impress contemporaries with the importance of his existence by muscular force when the editorial brain force is wanting."

THE oldest man in the United States, says the *Chariton Courier*, is now living near Dalton, Mo. His name is Martin Ewing; he is of unmixed African blood, and was born in Prince Edward county, Virginia, in 1765. His memory is good and mind clear. He has lost but three teeth, eyesight is good in one eye, the other is affected with cataract from a blow received forty years ago. He has smoked and chewed tobacco for one hundred years, and always drunk whiskey when he could get it.

REMEMBER to see candidates and have them pledged for a medical man for Health Commissioner.

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Clinical Record,

AN INDEPENDENT JOURNAL

OF

MEDICINE AND SURGERY.

W. B. HAZARD, M. D., Editor.

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A NEW REMEDY

CALLED

INGLUVIN.

By A. F. SHELLY, M. D.

[From the Medical and Surgical Reporter, February 3, 1877.]

"This is obtained from the gizzard of the domestic fowl (chicken) and is a *Specific for Vomiting in Pregnancy*. I have used this remedy for twenty-five years, and it has never failed. It is also the most *powerful and reliable remedy* for the *Cure of Indigestion, Dyspepsia, and Sick Stomach*, caused from debility of that organ. It is useful in all cases where pepsines and pancreatines are used, but with more certainty of its good results, for it puts all those preparations in my experience, in the back ground.

In complicated affections of the Stomach, such as *Inflammation, Gastralgia, Pyrosis, etc.*, it may be combined with Subnitrate of Bismuth and opiates; and in Diarrhoea and Cholera Infantum, with astringents, both vegetable and mineral. I have given the article to several prominent physicians, who have used it with the happiest results, among whom I may mention Prof. E. WALLACE, of the Jefferson Medical College; he gives me the results of seventeen cases as follows:—

IN VOMITING OF PREGNANCY. OUT OF NINE CASES HE CURED SIX, AND PALLIATED TWO, and in one case the remedy was not taken according to direction, and therefore had no effect.

He used it in seven cases of Sick Stomach, caused by chronic inflammation of the uterus; cured five, and two remained doubtful. He also used it in a case of very obstinate Sick Stomach caused by irreducible hernia, and says this was the only remedy that gave any relief.

We, who have some experience, all know that Vomiting of Pregnancy is a sore affliction, and in some cases almost endurable, nay, indeed, putting life in jeopardy; but in INGLUVIN we have a remedy which will prove to be a great blessing to mothers, who, as yet, think vomiting must be endured as a natural consequence.

If I am able, by this publication, to induce the medical fraternity to make use of the remedy, I am positive that a great boon will be conferred upon a class of sufferers who claim our sympathy.

The dose is from five to ten grains, hardly ever more than five, except in obstinate cases. For children, from one to five grains. My mode of administering it is in a spoonful of water or tea, or it may be strewn on a piece of bread and covered over with a little butter; it is, however, nearly tasteless. In Dyspepsia and in Vomiting of Pregnancy, I direct it to be taken half an hour or so before each meal. In other affections of the Stomach and bowels, every two to four hours. I give it uncombined, except in complicated cases, as heretofore mentioned.

The methods by which this principle can be obtained from the viscus are various. When I commenced to employ it, I used it in rather a crude state, by pulverizing the lining membrane of the gizzard; but it requires too much care and precision in the drying and cleansing operation, in order not to destroy its virtues. There is also great inconvenience in obtaining the viscus during the heat of summer and extreme cold of winter, as temperature is one of the main things to be observed, in order to preserve its efficacy, purity and sweetness. Later, finding this mode of preparation unsatisfactory and inconvenient for the above reasons, I consulted with WM. R. WARNER & CO., 1228 Market Street, Philadelphia, who have prepared a form, designated INGLUVIN; its purity, and also its good effects, I can vouch for."

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5—PIL. PHOSPHORI CUM FERRO ET NUCE VOM.	{ Phosphori 1-100 grain. Ferri Carb. 1 grain. Ext. Nuc. Vom. ¼ grain.		1 50
6—PIL. PHOSPHORI CUM FERRO ET QUINIÂ	{ Phosphori 1-100 grain. Ferri Carb. 1 grain. Quiniæ Sul. 1 grain.		2 75
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9—PIL. PHOSPHORI CUM QUINIÂ CO.	{ Phosphori 1-50 grain. Ferri Red. 1 grain. Quiniæ Sul. ½ grain. Strychniæ 1-60 grain.		2 00
10—PIL. PHOSPHORI CUM QUINIÂ ET NUC. VOM.	{ Phosphori 1-50 grain. Quiniæ Sul. 1 grain. Ext. Nuc. Vom. ¼ grain.		2 75
11—PIL. PHOSPHORI CUM QUINIÂ ET DIGITALE CO.	{ Phosphori 1-50 grain. Quiniæ Sul. ½ grain. Pv. Digitalis ½ grain. Pv. Opii ¼ grain. Pv. Ipecac. ¼ grain.		2 00
12—PIL. PHOSPHORI CUM DIGITALE CO.	{ Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ext. Hyoscy. 1 grain.		1 50
13—PIL. PHOSPHORI CUM DIGITALE ET FERRO	{ Phosphori 1-50 grain. Pv. Digitalis 1 grain. Ferri Red. 1 grain.		1 50
14—PIL. PHOSPHORI CUM CANNABE INDICA	{ Phosphori 1-50 grain. Ext. Cannab. Ind. ¼ grain.		1 75
15—PIL. PHOSPHORI CUM MORPHIA ET ZINCO VALER.	{ Phosphori 1-50 grain. Morphiæ Sul. 1-12 grain. Zinci Valer. 1 grain.		2 00
16—PIL. PHOSPHORI CUM ALOE ET NUCE VOMICÂ	{ Phosphori 1-50 grain. Ext. Aloes Aqu. ½ grain. Ext. Nuc. Vom. ¼ grain.		1 50
17—PIL. PHOSPHORI CUM ZINCO CO.	{ Phosphori 1-50 grain. Zinci Sul. 1 grain. Lupulinæ 1 grain.		1 50
18—PIL. PHOSPHORI CUM OPIO ET DIGITALE	{ Phosphori 1-50 grain. Pv. Digitalis ½ grain. Pv. Ipecac. ¼ grain. Pv. Opii ¼ grain.		1 50
19—PIL. PHOSPHORI CUM STRYCHNIA	{ Phosphori 1-50 grain. Strychniæ 1-60 grain.		1 50
20—PIL. PHOSPHORI CUM CANTHARIDE CO.	{ Phosphori 1-50 grain. Pv. Nuc. Vom. 1 grain. Sol. Cantharidis Con. 1 m.		1 50
21—PIL. PHOSPHORI CUM BELLADONNA	{ Phosphori 1-100 grain. Ext. Belladonnæ 1-8 grain.		1 50
22—PIL. PHOSPHORI CUM FERRO ET STRYCHNIA	{ Phosphori 1-100 grain. Ferri Carb. 1 grain. Strychniæ 1-60 grain.		1 50
23—PIL. PHOSPHORI CUM QUINIÂ ET FERRO ET STRYCHNIA	{ Phosphori 1-100 grain. Quiniæ Sul. 1 grain. Ferri Redacti 1 grain. Strychnia 1-60 grain.		2 75
24—PIL. PHOSPHORI CUM EXT. ACONITI	{ Phosphori 1-50 grain. Ext. Aconiti 1-16 grain.		1 50

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ONE-TENTH GRAIN PER 100,	.50
ONE-QUARTER " " "	.60
ONE-HALF " " "	.75
ONE " " "	\$1.00

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Obtainable from all Druggists or sent by mail on receipt of price.

[EXTRACT FROM DR. HOWARD CANE'S ARTICLE IN THE LONDON LANCET.]

From the great frequency of occurrence of acne, and from its manifesting itself on the faces of individuals of both sexes, any therapeutic agent which promises success in this often intractable skin disease will be welcomed by most practitioners. I do not bring the sulphide of calcium forward as a new remedy in the treatment of this disease, for it was recommended some years ago by Dr. Sydney Ringer, but I wish to bring it more prominently into notice as a drug which will often prove of signal service in acne when other means have failed. The success which I attained in my first case which was of a most obstinate nature, led me to try it in others.

CASE 1.—G. R——, a young lady, aged 19, has been troubled for the last five years with acne of the most severe kind. When she first came to me, her face, especially the forehead was thickly covered with acne spots in all stages of development, the inflamed and suppurating papules being very numerous. She stated that she had been to three physicians in London, two of whom are eminent skin physicians. Inquiries into the state of her general health found it was excellent in every respect. Prescribed the sulphide of calcium of which I gave at first one-tenth of a grain four times daily. At the same time I directed her to hold her face over a vessel of hot water night and morning for some ten minutes or more, and then to rub the parts where the little black-topped comedones were very thick with a towel, after which she was to use as a face powder some precipitated sulphur, which I directed to be colored with Armenian bole. At the same time I gave minute and careful directions as to diet, etc., forbidding pastry of all kinds, all salt meats, and enjoined the frequent use of green vegetables, together with regular out-door exercise. At the end of a fortnight I saw her again, and found that there was a slight improvement, there were not many more inflamed papules, and the black-topped comedones were considerably fewer in number. I determined to persevere. I now ordered 1 10 grain to be taken six times daily, and to see me again in a fort night. At the end of that time I again saw her, and, though there was no very great improvement that I could see, still the patient declared she was better. I now increased the dose of the sulphide to one grain daily, and see me again in a fortnight. I now increased the dose to one-fourth of a grain six times daily, with a very excellent result; in another fortnight to half a grain six times daily; and at the end of another fortnight not only but few spots appeared, but they were much less inflamed than usual, and the others were rapidly disappearing, and the complexion was much clearer. To take one grain six times daily for another fourteen days. I then saw her again. From this time the progress was uninterruptedly good. No fresh spots appeared.

CASE 2.—J. C——, a young lady 20 years of age, came to me for an eruption on the face which she had for a year, and which had gradually become worse. I prescribed the same diet and face powder, and gave the same directions as in case 1, but gave to begin with, one-fourth of a grain of the sulphide four times daily, gradually increasing the dose to a grain six times daily. At the end of six weeks she was nearly well, and in another month I saw her again, when she was quite cured. She had taken the sulphide in all two months, gradually diminishing the dose during the fort night. I may here say that this patient also had been taking various drugs for some months previously, but without any appreciable result.

I have before me notes of fourteen other cases treated exactly in the same way, but which I need not detail, as they were merely repetitions of the two given above. The result in eleven out of these fourteen were perfect, whilst in the remaining three, though great benefit was derived, the cure was not complete. I now always begin with a quarter of a grain four times daily, gradually increasing the dose to one grain six times daily, or according to the progress and severity of the case.

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Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity; and we positively assure the profession that our Extract of Malt is not only perfectly pure and reliable, but that it will keep for years, in any climate, without fermenting or moulding, and that its flavor actually improves by age. Our Extract is guaranteed to equal, in every respect, the best German make, while, by avoiding the expense of importation, it is afforded at less than half the price of the foreign article.

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Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

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CASCARA SAGRADA.

(RHAMNUS PURSHIANA.)

The Charges Against it Withdrawn!

A statement appeared in the editorial columns of the *Pacific Medical and Surgical Journal* some time since, commenting unfavorably on the therapeutic value of certain new remedies recently introduced to the profession through us, and particularly on Cascara Sagrada, which it also intimated, was presented under a fictitious name. These statements, harmless enough in themselves, have been widely circulated by parties inimical to us, and special reference has been made to the *assumed fictitious name*, with the intention of conveying to the minds of the profession throughout the country, that we have been guilty of deliberate fraud by inducing physicians to use secret remedies which had no remedial value and whose names originated with us. It is therefore with peculiar pleasure that we have noticed in the January number of the publication referred to, the following note on Cascara Sagrada. It will be observed that Dr. Gibbons expressly states that it was not intended to deny medicinal virtue to the plants in question, and further that Cascara Sagrada is the *common* Spanish name of Rhamnus Purshiana, thus effectually disposing of the matter.

(From Pacific Medical and Surgical Journal, Dr. Henry Gibbons, E. L., Jan. 1-79.)

"CASCARA SAGRADA" AGAIN.

We notice that the article published in our October number from the pen of Dr. W. P. Gibbons, referring to certain "new remedies," so-called, of California origin, has been misinterpreted in some quarters as denying medicinal virtue to the plants in question. This was not its design, nor did the therapeutic value of the remedies enter into consideration. The object was to expose the deception of introducing preparations of old remedies under new names, and claiming originality without deserving it. Several of the plants in question are really valuable.

Whilst on the subject, we will correct an error in spelling. Cascara (bark) Sagrada (sacred) is the common Spanish name of the Rhamnus Purshiana, and means simply *sacred bark*. The adjective should end in *a* and not in *o*, as it is commonly spelled. The old Spanish or Mexican population of the coast had a number of medicinal herbs which they employed in default of official plants. Not knowing the botanical names, common names were given, indicating their supposed good qualities. "Yerba Santa" was holy herb; "Yerba Buena" good herb, and so on.

It will thus be seen that while its remedial value is taken for granted, the fact is also admitted that Cascara Sagrada is the common name of the Rhamnus Purshiana, and as such was properly introduced to the profession. The testimony regarding the efficacy of Cascara Sagrada increases every day and there can be no doubt that it is fully as valuable as the first reports indicated.

THERAPEUTICAL APPLICATIONS.

Carefully conducted experiments have demonstrated that no small share of its physiological action is on the liver, and that in addition to its tonic properties it is an efficient cholagogue. Unlike most laxatives, Cascara causes very little peristaltic action of the intestines, and hence its administration is followed by the minimum of griping or pain, a great desideratum in practice. These properties will suggest to the intelligent physician a wide field for the application of the drug, and experience has already demonstrated its value in all affections in which atony of the stomach and bowels has been a leading condition.

CAUTION TO PHYSICIANS.

Until very recently the agents of certain manufacturing houses in Cincinnati and New York have been representing falsely to physicians that our fluid extract of Cascara was a compound of Buckthorn Bark (Rhamnus Frangula) and Strychnia, and that no such plant as Cascara Sagrada was known. The malicious intention of these parties is seen in the fact that they are now themselves freely offering what purports to be a fluid extract Cascara Sagrada at *reduced rates*, and we are informed that preparations containing Buckthorn Bark and Strychnia *have actually been sold* under the name of Fluid Extract of Cascara Sagrada by certain unscrupulous parties. Cheap preparations should therefore be regarded with suspicion.

Our own supply of the crude drug has been carefully selected and is known to be genuine. We invite physicians to specify our brand when ordering, and to see that our label and capsule appears on each bottle.

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